

Headache in Pregnancy

Key Points

- Taking a thorough history is key to reaching a correct diagnosis
- Appreciate the importance of red flag features of a headache
- Consider Neurology input for persistent headaches
- Consider Imaging of Head for any headache with red flag symptoms

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Abbreviations

CVT	Cerebral Venous Thrombus
GCS	Glasgow Coma Score
SAH	Subarachnoid Haemorrhage
PRES	Posterior Reversible Encephalopathy Syndrome

Headache in Pregnancy

Causes of headaches can generally be divided into primary and secondary causes, of which there are a variety of pregnancy specific secondary causes. There are certain headaches that have a higher incidence at different stages of pregnancy.

Primary	Secondary
Migraine	Idiopathic Intracranial hypertension
Cluster/Autonomic Headache	Meningitis
Tension Headache	Medication overuse headache
Most Common In: First Trimester Postpartum Third Trimester Anytime	Stroke
	Cerebral vein thrombosis
	Pre-eclampsia
	Posterior Reversible Encephalopathy Syndrome (PRES)
	Subarachnoid Haemorrhage
	Reversible cerebral vasoconstriction syndrome
	Post-dural headache

Red flag features of headache have been highlighted below; along with important elements of an assessment to aid the diagnostic process when reviewing a pregnant woman with the presenting complaint of headache.

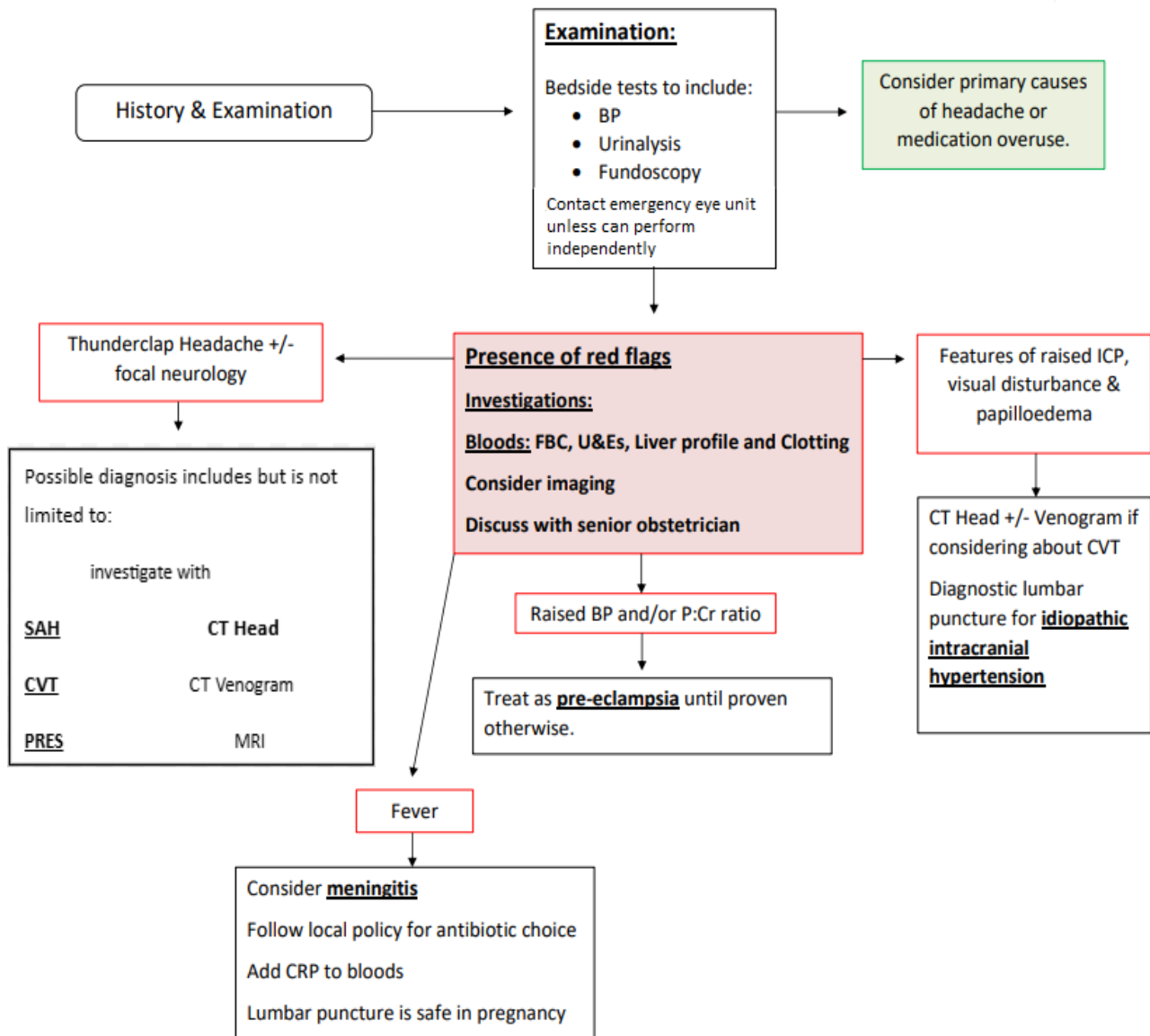
Red Flag features of Headache:

- Description:
 - Sudden onset or 'Thunderclap'
 - WORST headache ever
- Duration >48 hours
- Associated symptoms:
 - Fever
 - Focal neurology
 - Seizure
 - Photophobia
 - Diplopia
 - Confusion/Altered GCS
- Features of raised intracranial pressure
 - Papilloedema
 - Elevated blood pressure >140/90mmHg
 - Excessive opiate use

A Thunderclap headache is a sudden onset headache that reaches peak intensity/pain within the first FIVE minutes

Useful resources:

- Acute Care Toolkit 15: [Managing Acute Medical Problems in Pregnancy](#)
- NHS Scotland National Maternity Network: [Management of Headache in Pregnancy](#)



Full version control record

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Version History

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1.0	May 2026	Dr Alexandra Tillett	Final	Cross Site Clinical Governance Meeting, 20 th April 2026

Related Documents

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